

The Illinois Chapter, American Academy of Pediatrics (ICAAP) is pleased to respond to the opportunity to improve the quality of care for at risk infants, toddlers, and families in Illinois. Our proposed technical assistance addresses the following areas:

- **Continuity of care:** may require specific staff training and professional development as well as changes in staffing arrangements, program policies, and physical environment.
- **Working across child-serving systems:** may require changes in policies to integrate the varied requirements of multiple systems and new strategies for partnering with the comprehensive range of services for low-income, vulnerable families with young children.

DESCRIPTION OF SUPPORT AVAILABLE

Illinois has excellent systems in place to ensure that young children are offered comprehensive developmental screening and other services through a range of systems and providers, as well as a range of prevention and intervention programs (including Early Head Start and Child Care) available to young children under the age of five.

However, despite these systems, barriers in coordination hinder Illinois child health and community service providers from meeting our shared goal of ensuring that the developmental needs of all young children and their families are met right from the start and continue to be met through the early childhood period.

Furthermore, the Illinois Department of Human Services (DHS) Head Start State Collaboration Office (HSSCO) and the Illinois Head Start Association had conducted a web-based collaboration needs assessment survey of all Head Start grantee agencies in early 2009. Key findings revealed that the lack of formal collaboration with other local providers hampered Head Start providers' efforts to help families access needed services. Promising strategies identified through this survey that align with the need for systems collaboration work included stronger linkages to medical homes; working with state and local partners to improve the timeliness of evaluations for children presenting with developmental delays; and continuing to increase professional development resources and articulation of coursework for early childhood educators.

ICAAP can offer technical assistance to EHS-CCP to implement sustainable practices for ensuring effective referrals and linkages are made across screening, referral, and treatment/prevention programs to ensure that all children are linked to the services that best fit their unique needs and no children "fall through the cracks." This technical assistance addresses both **Continuity of Care** and **Working Across Child-Serving Systems**.

Continuity of Care

The approach we use is three-fold:

1. Customized child care provider training
2. Customized tools for messaging and communication
3. Practice coaching support

To promote continuity of care, we will offer training (online and/or in person) on the value of care coordination and tools and resources to ensure effective care coordination and communication between the child care provider/agency and referral agency, including the child's primary care medical home and/or Early Intervention or the local school district if need be. We can create materials and offer training in both English and Spanish. Examples of training, tools and resources are:

1. Customized child care provider training

In person customized training:

- \$1500.00/course offering /language
- \$500.00/session

RECOMMENDED - Online customized courses on topics such as "Coordinating Care Between Child Care Providers and the Primary Care Medical Home":

- \$1500.00/course offering/language
- \$ 30.00/participant for processing and certification

2. Customized tools for messaging and communication

- Customized Referral and Tracking forms provide organized method for documenting and tracking the referral and follow up process. These forms are essential to effective care coordination protocol. (\$250.00/form/language)
- Customized, coordinated messaging for child care providers and families about the need for and value of screenings such as those for developmental, social/emotional and autism concerns (\$450.00/messaging tool/language)
- Customized Care Coordination Forms developed by ICAAP, which are compliant with HIPAA and FERPA requirements and have been vetted by the legal staffs of both the Illinois Department of Healthcare and Family Services (HFS) and the Illinois Department of Human Services (DHS). Similar documents have been implemented as part of other ongoing ICAAP care coordination projects, including care coordination between medical homes and Early Intervention, and care coordination between medical homes and Maternal, Infant, and Early Childhood (MIECHV) home visiting programs.

Because of the consents built into the form, child care providers can share (with parent/guardian consent) important information with (for example) the child's medical home. This information can include developmental screening results, or concerns about developmental delay. These forms can provide a vehicle for child care providers to request important information from the medical home, such as the child's immunization records. In this way all providers can be kept in the loop about what is happening with the child and/or family. This process also relieves the family of the burden of information sharing among providers and guarantees more comprehensive care with minimal duplication of services. In addition to customizing the Care Coordination Form, ICAAP has developed messaging tools that can be customized for discussion about issues such as developmental screening. We have learned over time that this kind of consistent messaging can enhance effective, appropriate, and consistent communication with families. (\$250.00/form/language)

3. *Practice coaching support*

- Cost for this customized service in both English and Spanish with practice coaching: \$80.00/hour + travel and meeting expenses.

Working Across Child-Serving Systems

The approach that ICAAP has used for success is three-fold:

- Use of the open forum model (also known as world café) to garner valuable information from consumers (both professional and community)
- Convening learning collaborative of likeminded professionals to share additional information of the real day-to-day barriers and strengths of existing systems including protocols and policies
- Accurate evaluation of information garnered from open forums and learning collaborative process
- Create draft policy briefs based on all of the above feedback and analysis. These draft briefs are for your use.

ICAAP has worked diligently with a wide range of agencies (both non-profit and government) to successfully enhance various systems communications and protocols through policy change. We recognize that it will require changes in policies to integrate the varied requirements of multiple systems and new strategies for partnering with the comprehensive range of services for low-income, vulnerable families with young children.

ICAAP can convene large scale and or small scale open forum sessions geared toward collaborative discussions and training at the rate of \$30.00/person/session. These open forums and learning collaborative can also be conducted in Spanish. Policy brief creation: \$45.00/hour up to 10 hours/ brief.

ORGANIZATIONAL CAPACITY

A major focus of ICAAP's work since 2004 has included education and facilitation to achieve practice systems change related to patient engagement, care coordination, and access to community resources. ICAAP strives not only educate clinicians on changes they can make to their practices but to assess community and state systems for barriers and work to address them.

ICAAP offers dozens of continuing (medical) education opportunities, with programs in every format including conference, office-based, teleconference, webinar, and online. In 2010 alone, ICAAP taught more than 3,700 individuals at more than 320 events – or about 6 educational events for about 70 health care professionals per week. Content always takes into consideration cultural considerations. For instance, training on maternal depression screening during early pediatric well child visits included information on different cultural perspectives on mental health. Patient education materials developed or identified for use are typically offered in at least English and Spanish and reviewed for appropriate literacy levels.

Another primary chapter activity includes advocacy on behalf of children, families, and health professionals in Illinois. Advocacy and policy work is identified as the most important component of ICAAP activity by leadership and through member needs assessments. ICAAP's role as a voice for children and families and an advocate for access to quality health care is critical to its members. ICAAP conducts legislative advocacy in Springfield during session but also partners with legislators, state

agency staff, and other advocates throughout the year on policy and systems changes. Whether fighting poorly conceptualized legislation, promoting bills that will protect children such as bike helmet or graduated licensing legislation, or articulating solutions for low income populations to access health services, ICAAP initiatives raise awareness of and support for issues impacting children, families, and the healthcare provider community.

Finally, collaboration with state organizations and agencies on projects that improve the health and well-being of children is another cornerstone of ICAAP's work. ICAAP advises the Illinois Departments of Public Health (IDPH), Human Services (DHS), and Healthcare and Family Services (HFS) on programmatic issues and holds formal contracts with each agency to advance state programs. This policy-focused work is a component of every ICAAP initiative. Often programs initiated as medical provider education or quality improvement identify barriers within systems that prevent high quality clinical care (such as lack of reimbursement or difficulty accessing referral resources) or opportunities to improve systems (such as data sharing and coordination, or clearer messaging to providers, patients, and community groups about state programs). ICAAP takes those barriers and opportunities to its partners in state and local government and brainstorms solutions that become new policy and procedure.

GEOGRAPHIC SCOPE

We can offer technical assistance to programs working within six community areas, initially targeted by the MIECHV program because they are areas characterized by poverty and by family involvement in multiple services systems including mental health, substance abuse and child welfare. These areas include:

- South Chicago cluster, specifically Greater Grand Crossing, Englewood and West Englewood
- Vermilion County
- Macon County
- Rockford Township
- City of Elgin
- Cicero

ICAAP has established relationships in these communities and a large number of medical homes within these communities have been trained to implement care coordination practices with community service providers.

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